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COVER LETTER

	sion of Corporations						
SUBJECT:	46 Spanish Street, LLC						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.				
Please return	all correspondence concerning th	is matter to the fo	llowing:				
Richard P.	Dettra						
	Name of Person		-				
46 Spanis	h Street, LLC						
	Firm/Company		-	_			
21 Bermu	da Run Way			1 1 1 7			
	Address		•	•			
St. August	tine, FL 32080						
	City/State and Zip Code		-				
rdettra129	@aol.com						
E-mail	address: (to be used for future ann	nual report notific	ation)				
For further in	nformation concerning this matter,	, please call:					
Richard P.	Dettra	904 at (501-7179				
	Name of Person		Area Code & Daytime Telephone Number	-			
Regi Divi Clift 2661	EET/COURIER ADDRESS: estration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314				
Encl	losed is a check for the following	amount:					
₩ \$2	25 Filing Fee	□ \$55	Filing Fee & Certified Copy				

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	46 Spanish ume of the limited liability company:	Street, I	LLC				
2. (a)	21 Bermuda Run Way	(21 b)		uda Run Way		
-, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) St. Augustine, FL 32080					nited liability compar OST OFFICE BOX 80	
	12/31/15			00000	1093		
3.5. (a)	Date of filing/registration in Florida McClure Bloodworth, P.L.	4.		Ι	Document number	er	
Σ. (ω)	Registered Agent and Registered Office shown on the records of Susan S. Bloodworth	of the Florid	la Dept.	of State:		-	rn
	Registered Office Address	T ADDRES	<u>S)</u>			17 FEB	
	St. Augustine	32084	1			2	
(b)	Richard P. Dettra Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office a	ddress [.]			AM 11: 08	
	NEW Registered Office Address: 21 Bermuda Run Way						
	St. Augustine, F	32080 L)				
the cha agent w was/we the arti Signat	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited by the entered by an affirmative vote of the members cles of organization or the operating agreement of the manufacture of a member of a member of a member and agreement as registered agent and agreement of all statutes relative to the proper and complete	of the reg liability c of the lir e limited Ric	istered ompar nited I liabilis chard	office and the state of the sta	and the business hereby confirme company or as coany. Itra Printed or typed name city. I further as	s office of the reg ed that the change otherwise provide 2/15/ ne of signee	istered e(s) ed in
поцнес	ons of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, at in writing of this change. The of Registered Agent	led för in I hereby c	Chapi confirm	ếr 605, 1 that th	F.S. Or, if this a he limited liabili	document is bein ty company has b	g filed been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

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